## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

10/587324

| <b> </b> -   | <del></del>                                    |   |  | 1/0/08/029                    |   |                          |            |                     |                        |            |                            |                        |
|--|--|---|--|-------------------------------|---|--------------------------|------------|---------------------|------------------------|------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |  |                               |   |                          |            | SMALL ENT           | TITY                   | OR         | OTHER<br>SMALL E           |                        |
| _  | ALATIONIA (                                    |   | (Column                                    |                               | · ·                                       | Column 2)                | 1          |                     | . L                    | )<br>I     | <del></del>                |                        |
| U.S  | . NATIONAL S                                   | STAGE FEES                                | 28   | )                             |   |                          |            | RATE                | FEE                    | ·          | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                                 | = \$ 150                      | LARGE ENT. = \$ 300                       |                          |            | BASIC FEE           | 150                    | OR         | BASIC FEE                  |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Ar<br>(4) = \$50             | /\$ 100                       | All other situations = \$ 100 / \$ 200    |                          |            | EXAM. FEE           | 100                    |            | EXAM. FEE                  |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                     | ALL other situations =<br>\$ 250 / \$ 500 |                          |            | SEARCH FEE          | 200                    | ,          | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu                                       | ıs 100 =                      | / 50 =                                    |                          |            | X \$ 125 =          |                        |            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 28 minus 20 = *                            |                               |   | 8                        |            | X \$ 25 =           | 200                    | OR         | X \$ 50 =                  | ·                      |
| INDEPENDENT CLAIMS   |  |   | minus 3 = *                                |                               |   |                          |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPĖNI                                   | DENT CLAIM PRE                            | SENT                                       | N                             |   |                          | ı          | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
| * If   | the difference                                 | in column 1 is l                          | ess than zero, enter "0" i                 |                               |   | lumn 2                   | •          | TOTAL               | 650                    | OR         | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                               |   |                          |            | SMALL ENTITY        |                        |            | OTHER THAN<br>SMALL ENTITY |                        |
| NTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                              | PRESENT<br>EXTRA         |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus                                      | **                            |   | =                        |            | X \$ 25 =           | :                      | OR         | X \$ 50 =                  | ž                      |
| AMENDMENT  | Independent                                    | *   | Minus                                      | ***                           |   | =                        |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |   |                          |            | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|  | <u> </u>                                       | -   | TOTAL ADDIT.<br>FFF                        |                               | OR  | TOTAL ADDIT.             |            |                     |                        |            |                            |                        |
|  |  | (Column 1)                                |  | (Colur                        | mn 2)                                     | (Column 3)               |            |                     |                        |            |                            |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGH<br>NUM<br>PREVIO         | EST<br>BER<br>OUSLY                       | (Column 3) PRESENT EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            |   | =                        |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |   | =                        |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |  | CLAIM                         |   |                          | + \$ 180 = |                     | OR                     | + \$ 360 = |                            |                        |
|  |  |   |  |                               |   |                          |            | TOTAL ADDIT.<br>FFF |                        | OR         | TOTAL ADDIT.               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |  |                               |   |                          |            |                     |                        |            |                            |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                               |   |                          |            |                     |                        |            |                            |                        |